

## **Understanding Depression in the Elderly**

**Satellite Conference  
Wednesday, October 19, 2005  
2:00 - 4:00 p.m. (Central Time)**

Produced by the Alabama Department of Public Health  
Video Communications Division

## **Faculty**

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## **Program Objectives**

- Explain common causes of depression in the elderly.
- Describe warning signs for suicide in the elderly.
- Discuss treatment and outcomes for depression in the elderly.
- Outline ways to support a home care patient with depression.

## **The 3 D's of Geriatric Neuropsychiatry**

- Dementia
- Delirium
- Depression

## **Dementia**

- **ORIGIN:** de mens (Out of mind)
- **DEFINITION:** loss of multiple intellectual functions in awake state

## **Delirium**

- **ORIGIN:** de lira (Out of the furrow)
- **DEFINITION:** temporary confusion caused by medical or neurological disease

### **Rates of Delirium**

- 3% nursing homes
- 15% medical units
- 92% hip fractures with AD

### **Prevalence of Delirium in the Elderly**

- Up to 50% on psychiatric wards
- Up to 30% in ICU
- Up to 15% in general medical unit

### **Causes of Delirium in the Elderly**

1. Medications
2. Infections
3. Metabolic abnormality
4. Hypoxia

### **Symptoms of Delirium**

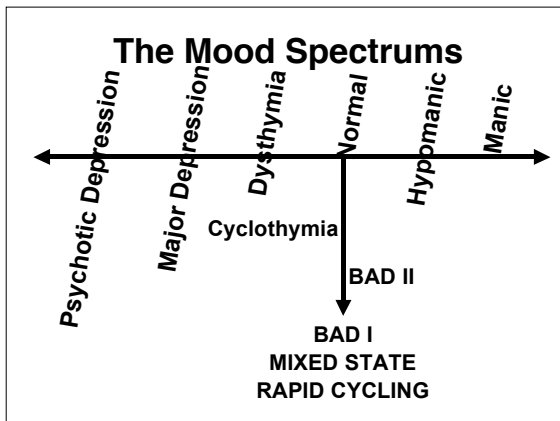
- Consciousness- alert to Obtunded
- Cognitive- mild confusion to severe impairment
- Psychiatric- delusions, hallucinations or anxiety
- Motor- restless or agitated to lethargic
- Autonomic- lability of blood pressure and pulse

### **Drugs and Delirium**

- COMMON:
  - Anticholinergic agents (Elavil)
  - Benzodiazepines (Valium)
  - Pain medications (Demerol)
- LESS COMMON:
  - Antispasmodics
  - Antiarrhythmics

### **Over-the-counter Medications and Delirium**

- Sleeping medications
- Antihistamines
- Cold preparations
- Alcohol



### Incidence of Depression in the Elderly

- 7-10% General population
- 40-50% Post stroke
- 20-40% Chronically medically ill
- 25-40% Dementia

### Criteria for Major Depressive Episode

- A. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.
- Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful)

### Criteria for Major Depressive Episode

- Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day
- Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day
- Insomnia or hypersomnia nearly every day

### Criteria for Major Depressive Episode

- Psychomotor agitation or retardation nearly every day
- Fatigue or loss of energy nearly every day
- Feelings of worthlessness or excessive or inappropriate guilt nearly every day
- Diminished ability to think or concentrate, or indecisiveness, nearly every day

### Criteria for Major Depressive Episode

- Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide

### Criteria for Major Depressive Episode

- B. The symptoms do not meet criteria for a Mixed Episode.
- C. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- D. The symptoms are not due to the direct physiological effects of a substance or a general medical condition.
- E. The symptoms are not better accounted for by bereavement.

### Symptoms of Geriatric Depression

- S Sleep
- I Interest
- G Guilt
- E Energy
- C Concentration
- A Appetite
- P Psychomotor Vitality
- S Suicide

### Causes of Depression in the Elderly

1. Neurological Damage
2. Genetics
3. Medications
4. Life Stress

### Common Medications in Elderly that Cause Mood Disturbance or Depressive Symptoms

1. Steroids
2. Aldomet
3. Beta Blockers
4. Benzodiazepines
5. Neuroleptics

### Depression During Bereavement

- 800,000 widowed each year
- 10-20% - depression during 10 year

CNS Spectrum 2003, 12(3):35-48

### Depressive Symptoms and Service Utilization in the Elderly

	Depression (%)	NL (%)
6 month hospital readmit	45	34
NH Placement	18	6
Mortality	27	18
Medical Visits	x2 □	---
Hospital Stay Duration	x2 □	---

CNS Spectrum 2003, 12(3):35-48

### **Risk Factors for Depression in the Elderly**

1. Female gender
2. + Hx for depression
3. Sleep disturbance
4. Physical disability
5. Bereavement

CNS Spectrum 2003, 12(3):35-48

### **Psychotic Depression in the Elderly**

- **INCIDENCE:** Up to 40% of inpatients
- **SYMPTOMS:**
  - Negativistic delusions
  - Poorly formed hallucinations

### **Pseudo-Dementia**

- A dementia-like syndrome caused by depression

### **Suicide in the Elderly**

- Among top 10 causes of death
- Lethal attempts
- Many seek medical care

### **Somatic Treatment of Depression in the Elderly**

- **Pharmacological Treatment:**
  - Selection of antidepressants
  - Pretreatment evaluation
  - Initiation of treatment
  - Final dose determination
  - Management of side effects

### **Most Common Side Effects of SSRI'S**

- Insomnia
- Akathisia
- Nausea and Anorexia
- Pseudo-parkinsonism
- SIADH with  $\downarrow$  Na

Textbook of Geriatric Psychiatry 2004

### **Therapeutic Outcome from Treatment of Depression**

- **90% Improved**

### **Geriatric ETOH Abuse**

- ☐ (x4) patient with past history of depression
- ☐ ETOH abuse = ☐ outcome from depression
- ☐ Axis II in younger patients

### **NH Psychopathology**

- **67-80% - Cognitive impairment**
- **10-20% - Depression**
- **3-7% - Delirium**

Textbook of Geriatric Psychiatry

### **Depression in Nursing Homes**

- **6-50% - range**
- **10-20% - most common range**
- **83% - untreated with symptoms @ 3-6 yrs.**

### **Consequence of Depression for NH Residents**

1. ☐ **Mortality**
2. ☐ **Pain Complaint**
3. ☐ **Abnormal Labs for Poor Nutrition**

J. Gerontology 1992;47:M 189-196

### **MYTH BUSTERS ABOUT DEPRESSION IN THE ELDERLY**

### **Myth 1: A State of Mind - Not a Disease**

- biological brain disorder
- produced by neurological damage or medications
- genetic component

### **Myth 2: Too Expensive to Treat**

- 1.5x ↑ cost of medical care for depressed patients
- Only 25% of cost attributed to psychiatric care
- ↑ healthcare utilization rates

*S. Clin. Psych. 1999, 60:40-56*

### **Myth 3: Too Risky to Treat**

- 59% risk of death in depressed nursing home patients
- ↑ risk of MI
- ↑ risk post MI death
- ↑ risk stroke

### **Myth 4: Not Responsive to Medication**

- 90% improve
- 15% suicide without therapy